



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF	\$67.28	\$42.41	10/1/2008
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	\$126.59	\$87.95	10/1/2008
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION O	\$71.12	\$43.98	10/1/2008
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION	\$103.29	\$67.75	10/1/2008
92015	DETERMINATION OF REFRACTIVE STATE	\$43.54	\$17.89	10/1/2008
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$125.61	\$125.61	10/1/2008
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$63.83	\$63.83	10/1/2008
92020	GONIOSCOPY (SEPARATE PROCEDURE)	\$24.40	\$18.67	10/1/2008
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AN	\$31.62	\$31.62	10/1/2008
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	\$53.71	\$53.71	10/1/2008
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND	\$40.05	\$40.05	10/1/2008
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS	\$62.92	\$35.39	10/1/2008
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$49.63	\$49.63	10/1/2008
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$64.61	\$64.61	10/1/2008
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	\$74.22	\$74.22	10/1/2008
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR	\$81.83	\$44.76	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER	\$67.59	\$39.31	10/1/2008
92130	TONOGRAPHY WITH WATER PROVOCATION	\$75.63	\$40.84	10/1/2008
92135	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, (EG, SCA	\$43.11	\$43.11	10/1/2008
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	\$80.66	\$80.66	10/1/2008
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT	\$53.59	\$24.52	10/1/2008
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELA	\$22.13	\$18.67	10/1/2008
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	\$20.16	\$16.71	10/1/2008
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	\$63.59	\$28.79	10/1/2008
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND	\$124.12	\$124.12	10/1/2008
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION	\$195.52	\$195.52	10/1/2008
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$69.95	\$69.95	10/1/2008
92260	OPHTHALMODYNAMOMETRY	\$16.59	\$10.47	10/1/2008
92265	NEEDLE OCULO ELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES,	\$77.48	\$77.48	10/1/2008
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$83.99	\$83.99	10/1/2008
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$120.12	\$120.12	10/1/2008
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	\$41.43	\$41.43	10/1/2008
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	\$66.34	\$66.34	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	\$41.82	\$41.82	10/1/2008
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH	\$122.12	\$122.12	10/1/2008
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH	\$110.43	\$39.66	10/1/2008
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT L	\$83.56	\$55.63	10/1/2008
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$83.52	\$51.00	10/1/2008
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$93.21	\$60.73	10/1/2008
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT	\$79.95	\$43.98	10/1/2008
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$64.06	\$32.33	10/1/2008
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$57.35	\$21.42	10/1/2008
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$72.85	\$34.21	10/1/2008
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH	\$58.88	\$21.03	10/1/2008
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF	\$24.09	\$24.09	10/1/2008
92326	REPLACEMENT OF CONTACT LENS	\$47.35	\$47.35	10/1/2008
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	\$35.11	\$17.54	10/1/2008
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	\$39.39	\$21.81	10/1/2008
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	\$42.52	\$25.30	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	\$37.03	\$17.54	10/1/2008
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	\$43.23	\$23.73	10/1/2008
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	\$178.85	\$178.85	10/1/2008
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS	\$91.80	\$91.80	10/1/2008
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING	\$24.79	\$24.79	10/1/2008
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	\$29.70	\$15.53	10/1/2008
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	\$17.18	\$17.18	10/1/2008
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	BR	BR	10/1/1982
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSIN	\$121.79	\$36.26	10/1/2008
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING	\$52.41	\$21.50	10/1/2008
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$9.93	\$9.93	10/1/2008
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$21.34	\$21.34	10/1/2008
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	\$29.34	\$29.34	10/1/2008
92555	SPEECH AUDIOMETRY THRESHOLD;	\$16.75	\$16.75	10/1/2008
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$22.87	\$22.87	10/1/2008
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$53.51	\$51.59	10/1/2008
92560	BEKESY AUDIOMETRY; SCREENING	\$23.81	\$23.81	5/1/2004
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	\$29.34	\$29.34	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$20.99	\$20.99	10/1/2008
92563	TONE DECAY TEST	\$19.07	\$19.07	10/1/2008
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$19.81	\$19.81	10/1/2008
92565	STENGER TEST, PURE TONE	\$14.08	\$14.08	10/1/2008
92567	TYMPANOMETRY (IMPEDANCE TESTING)	\$21.89	\$20.36	10/1/2008
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	\$20.83	\$20.83	10/1/2008
92569	ACOUSTIC REFLEX TESTING; DECAY	\$17.69	\$17.69	10/1/2008
92571	FILTERED SPEECH TEST	\$17.14	\$17.14	10/1/2008
92572	STAGGERED SPONDAIC WORD TEST	\$13.38	\$13.38	10/1/2008
92575	SENSORINEURAL ACUITY LEVEL TEST	\$28.64	\$28.64	10/1/2008
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$21.34	\$21.34	10/1/2008
92577	STENGER TEST, SPEECH	\$21.30	\$21.30	10/1/2008
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$47.19	\$44.88	10/1/2008
92582	CONDITIONING PLAY AUDIOMETRY	\$38.52	\$38.52	10/1/2008
92583	SELECT PICTURE AUDIOMETRY	\$33.93	\$33.93	10/1/2008
92584	ELECTROCOCHLEOGRAPHY	\$81.17	\$81.17	10/1/2008
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$103.06	\$103.06	10/1/2008
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$67.87	\$67.87	10/1/2008
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$47.35	\$47.35	10/1/2008
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	\$70.50	\$70.50	10/1/2008
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	\$52.90	\$52.90	5/1/2004
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	\$84.64	\$84.64	5/1/2004
92592	HEARING AID CHECK; MONAURAL	\$9.52	\$9.52	5/1/2004
92593	HEARING AID CHECK; BINAURAL	\$19.04	\$19.04	5/1/2004
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	BR	BR	10/1/1982



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	BR	BR	10/1/1982
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	\$32.80	\$32.80	10/1/2008
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL	\$101.29	\$45.07	10/1/2008
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROG	\$169.79	\$161.39	10/1/2008
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE;	\$108.86	\$100.47	10/1/2008
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	\$144.13	\$135.34	10/1/2008
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT	\$86.27	\$79.40	10/1/2008
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	BR	BR	1/1/2003
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING	BR	BR	1/1/2003
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$149.46	\$149.46	10/1/2008
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE	\$29.38	\$29.38	10/1/2008
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING	\$78.73	\$78.73	10/1/2008
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$61.12	\$61.12	10/1/2008
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$15.22	\$15.22	10/1/2008
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	\$60.73	\$60.73	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$82.54	\$82.54	10/1/2008
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST S	\$19.85	\$19.85	10/1/2008
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$45.78	\$45.78	10/1/2006
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$45.78	\$45.78	10/1/2006
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$51.63	\$51.63	10/1/2008
Q1003	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 3 (REDUCED SPHERICAL ABERRATION)	BR	BR	1/1/2000
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	BR	BR	1/1/2000
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	BR	BR	1/1/2000
S0625	RETINAL TELESCREENING BY DIGITAL IMAGING	\$74.60	\$74.60	7/1/2005
V2020	FRAMES, PURCHASES	\$71.81	\$71.81	10/1/2008
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	\$33.65	\$33.65	10/1/2008
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$45.10	\$45.10	10/1/2008
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$54.70	\$54.70	10/1/2008
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO	\$32.12	\$32.12	10/1/2008
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO	\$33.98	\$33.98	10/1/2008
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO	\$37.28	\$37.28	10/1/2008
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$44.61	\$44.61	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE,	\$48.00	\$48.00	10/1/2008
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D	\$45.64	\$45.64	10/1/2008
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D	\$51.29	\$51.29	10/1/2008
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D	\$43.92	\$43.92	10/1/2008
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$51.79	\$51.79	10/1/2008
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$54.34	\$54.34	10/1/2008
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D	\$53.90	\$53.90	10/1/2008
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$58.39	\$58.39	10/1/2008
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$81.36	\$81.36	10/1/2008
V2118	ANISEIKONIC LENS, SINGLE VISION	\$81.23	\$81.23	10/1/2008
V2121	LENTICULAR LENS, PER LENS, SINGLE	\$86.72	\$86.72	10/1/2008
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	BR	BR	3/1/1989
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$50.29	\$50.29	10/1/2008
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$61.21	\$61.21	10/1/2008
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	\$56.49	\$56.49	10/1/2008
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D	\$54.70	\$54.70	10/1/2008
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D	\$55.51	\$55.51	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D	\$54.82	\$54.82	10/1/2008
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$61.58	\$61.58	10/1/2008
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	\$59.80	\$59.80	10/1/2008
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12	\$65.87	\$65.87	10/1/2008
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25	\$61.80	\$61.80	10/1/2008
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER	\$65.92	\$65.92	10/1/2008
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25	\$80.06	\$80.06	10/1/2008
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$75.16	\$75.16	10/1/2008
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$70.00	\$70.00	10/1/2008
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$79.17	\$79.17	10/1/2008
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$97.36	\$97.36	10/1/2008
V2218	ANISEIKONIC, PER LENS, BIFOCAL	\$93.47	\$93.47	10/1/2008
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$38.25	\$38.25	10/1/2008
V2220	BIFOCAL ADD OVER 3.25D	\$36.15	\$36.15	10/1/2008
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	\$101.17	\$101.17	10/1/2008
V2299	SPECIALTY BIFOCAL (BY REPORT)	BR	BR	3/1/1989
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS	\$62.24	\$62.24	10/1/2008
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	\$76.59	\$76.59	10/1/2008
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	\$70.44	\$70.44	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D	\$67.10	\$67.10	10/1/2008
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D	\$69.64	\$69.64	10/1/2008
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00	\$69.83	\$69.83	10/1/2008
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D	\$70.41	\$70.41	10/1/2008
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12	\$75.41	\$75.41	10/1/2008
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$73.56	\$73.56	10/1/2008
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$89.06	\$89.06	10/1/2008
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,	\$75.23	\$75.23	10/1/2008
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$92.10	\$92.10	10/1/2008
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$102.64	\$102.64	10/1/2008
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE,	\$114.63	\$114.63	10/1/2008
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	\$106.40	\$106.40	10/1/2008
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	\$132.00	\$132.00	10/1/2008
V2318	ANISEIKONIC LENS, TRIFOCAL	\$168.01	\$168.01	10/1/2008
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	\$42.66	\$42.66	10/1/2008
V2320	TRIFOCAL ADD OVER 3.25D	\$45.00	\$45.00	10/1/2008
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	\$125.24	\$125.24	10/1/2008
V2399	SPECIALTY TRIFOCAL (BY REPORT)	BR	BR	3/1/1989
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$102.70	\$102.70	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$123.78	\$123.78	10/1/2008
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	BR	BR	10/1/1982
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	\$75.54	\$75.54	10/1/2008
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	\$118.80	\$118.80	10/1/2008
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	\$173.83	\$173.83	10/1/2008
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	\$120.67	\$120.67	10/1/2008
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	\$101.55	\$101.55	10/1/2008
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	\$164.12	\$164.12	10/1/2008
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	\$190.54	\$190.54	10/1/2008
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	\$174.82	\$174.82	10/1/2008
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	\$89.59	\$89.59	10/1/2008
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	\$155.98	\$155.98	10/1/2008
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	\$202.39	\$202.39	10/1/2008
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	\$129.36	\$129.36	10/1/2008
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS	\$191.59	\$191.59	10/1/2008
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION,	\$456.64	\$456.64	10/1/2008
V2599	CONTACT LENS, OTHER TYPE	BR	BR	3/1/1989
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	BR	BR	3/1/1989
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	BR	BR	3/1/1989
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION	BR	BR	3/1/1989
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	\$1,028.14	\$1,028.14	10/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$52.29	\$52.29	10/1/2008
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$370.79	\$370.79	10/1/2008
V2626	REDUCTION OF OCULAR PROSTHESIS	\$228.52	\$228.52	10/1/2008
V2627	SCLERAL COVER SHELL	\$1,106.90	\$1,106.90	10/1/2008
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	\$261.36	\$261.36	10/1/2008
V2629	PROSTHETIC EYE, OTHER TYPE	BR	BR	3/1/1989
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	BR	BR	3/1/1989
V2631	IRIS SUPPORTED INTRAOCULAR LENS	BR	BR	3/1/1989
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	BR	BR	3/1/1989
V2700	BALANCE LENS, PER LENS	\$50.18	\$50.18	10/1/2008
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	\$69.55	\$69.55	10/1/2008
V2715	PRISM, PER LENS	\$13.31	\$13.31	10/1/2008
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	\$32.70	\$32.70	10/1/2008
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	\$23.47	\$23.47	10/1/2008
V2744	TINT, PHOTOCHROMATIC, PER LENS	\$14.09	\$14.09	10/1/2008
V2750	ANTI-REFLECTIVE COATING, PER LENS	\$20.52	\$20.52	10/1/2008
V2755	U-V LENS, PER LENS	\$14.27	\$14.27	10/1/2008
V2760	SCRATCH RESISTANT COATING, PER LENS	\$18.35	\$18.35	10/1/2008
V2770	OCCLUDER LENS, PER LENS	\$22.35	\$22.35	10/1/2008
V2780	OVERSIZE LENS, PER LENS	\$14.35	\$14.35	10/1/2008
V2781	PROGRESSIVE LENS, PER LENS	BR	BR	1/1/1996
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE,	\$54.29	\$54.29	10/1/2008
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO	\$61.21	\$61.21	10/1/2008
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	\$39.81	\$39.81	10/1/2008
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	BR	BR	3/1/1989
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	BR	BR	1/1/2008



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	BR	BR	1/1/2001
V2799	VISION SERVICE, MISCELLANEOUS	BR	BR	3/1/1989
V5008	HEARING SCREENING	BR	BR	3/1/1989
V5010	ASSESSMENT FOR HEARING AID	BR	BR	3/1/1989
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	BR	BR	3/1/1989
V5014	REPAIR/MODIFICATION OF A HEARING AID	BR	BR	3/1/1989
V5020	CONFORMITY EVALUATION	BR	BR	3/1/1989
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	BR	BR	3/1/1989
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	BR	BR	3/1/1989
V5050	HEARING AID, MONAURAL, IN THE EAR	BR	BR	3/1/1989
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	BR	BR	3/1/1989
V5070	GLASSES, AIR CONDUCTION	BR	BR	3/1/1989
V5080	GLASSES, BONE CONDUCTION	BR	BR	3/1/1989
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	BR	BR	3/1/1989
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	BR	BR	1/1/2003
V5100	HEARING AID, BILATERAL, BODY WORN	BR	BR	3/1/1989
V5110	DISPENSING FEE, BILATERAL	BR	BR	3/1/1989
V5120	BINAURAL, BODY	BR	BR	3/1/1989
V5130	BINAURAL, IN THE EAR	BR	BR	3/1/1989
V5140	BINAURAL, BEHIND THE EAR	BR	BR	3/1/1989
V5150	BINAURAL, GLASSES	BR	BR	3/1/1989
V5160	DISPENSING FEE, BINAURAL	BR	BR	3/1/1989
V5170	HEARING AID, CROS, IN THE EAR	BR	BR	3/1/1989
V5180	HEARING AID, CROS, BEHIND THE EAR	BR	BR	3/1/1989
V5190	HEARING AID, CROS, GLASSES	BR	BR	3/1/1989
V5200	DISPENSING FEE, CROS	BR	BR	3/1/1989
V5210	HEARING AID, BICROS, IN THE EAR	BR	BR	3/1/1989
V5220	HEARING AID, BICROS, BEHIND THE EAR	BR	BR	3/1/1989
V5230	HEARING AID, BICROS, GLASSES	BR	BR	3/1/1989
V5240	DISPENSING FEE, BICROS	BR	BR	3/1/1989
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	BR	BR	1/1/2002



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	BR	BR	1/1/2002
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	BR	BR	1/1/2002
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	BR	BR	1/1/2002
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	BR	BR	1/1/2002
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	BR	BR	1/1/2002
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	BR	BR	1/1/2002
V5248	HEARING AID, ANALOG, BINAURAL, CIC	BR	BR	1/1/2002
V5249	HEARING AID, ANALOG, BINAURAL, ITC	BR	BR	1/1/2002
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	BR	BR	1/1/2002
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	BR	BR	1/1/2002
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	BR	BR	1/1/2002
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	BR	BR	1/1/2002
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	BR	BR	1/1/2002
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	BR	BR	1/1/2002
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	BR	BR	1/1/2002
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	BR	BR	1/1/2002
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	BR	BR	1/1/2002
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	BR	BR	1/1/2002
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	BR	BR	1/1/2002
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	BR	BR	1/1/2002



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2008 Rate Codes - Vision & Hearing

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	BR	BR	1/1/2002
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	BR	BR	1/1/2002
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	BR	BR	1/1/2002
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	BR	BR	1/1/2002
V5266	BATTERY FOR USE IN HEARING DEVICE	BR	BR	1/1/2002
V5267	HEARING AID SUPPLIES / ACCESSORIES	BR	BR	1/1/2002
V5275	EAR IMPRESSION, EACH	BR	BR	1/1/2002
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	BR	BR	1/1/2003
V5299	HEARING SERVICE, MISCELLANEOUS	BR	BR	3/1/1989
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES	BR	BR	3/1/1989
V5362	SPEECH SCREENING	BR	BR	3/1/1989
V5363	LANGUAGE SCREENING	BR	BR	3/1/1989
V5364	DYSPHAGIA SCREENING	BR	BR	3/1/1989